



*Naval Air Station Keflavik, Iceland. (Aug. 16, 2003) -- A P-3C Orion, assigned to The Liberty Bells of Patrol Squadron Sixty Six (VP-66) flanked by similar anti-submarine surveillance aircraft from Canada and the Netherlands participating in Keflavik Tactical Exchange 2003 (KEFTACEX 03). (U.S. Navy photo by Journalist 2nd Class Mark O'Donald. Released)*

## NAVY MEDICINE'S FIRST FEMALE FLIGHT SURGEON LOOKS BACK

**By Capt. Jane McWilliams Hardman, Medical Corps, U.S.N., Retired**

**Editor's Note.** *The following is an excerpt of an oral history with Capt. Jane McWilliams Hardman from May 2018.[i] In December 1973, then-Lts. McWilliams and Victoria Voge made history as the first female flight surgeons in the Navy. Hardman would go on to serve over 20 years in the Navy as a flight surgeon and aviation pathologist. Although retired in 1993, Hardman would briefly return to service after Sept. 11, 2001 serving as the laboratory director at Naval Hospital Roosevelt Roads, Puerto Rico. In this lightly edited excerpt, Hardman relates her first experiences in the Navy, and becoming a flight surgeon.*

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When I first started [at Rensselaer Polytechnic Institute (RPI)],[ii] I intended to become an engineer like my father, but eventually I decided I liked biology better. In my freshman year, there were 20 ladies in my class, and maybe there were 40 females in the whole student body of 4,000, so I was used to feeling like an outsider, which helped me a lot going forward.

The summer before my senior year, I enlisted in the Navy and attended Officer Candidate School at Newport, Rhode Island, with the expectation of a commission when I graduated. I also applied to medical school.

There weren't very many opportunities for women to do cool things in the Navy then. I was just about to graduate from a challenging math and science program at RPI, and even though I loved being in the Navy, when I was accepted into medical school, I never looked back.

I spent a lot of time during my medical training trying to figure out whether I really wanted to be a physician. There were fewer females than males, and many of the women went into pediatrics. I thought I was going to do something else, so I decided to take an internal medicine internship and I ended up in Syracuse. You didn't get any sleep; some people treated you terribly, but this wasn't peculiar to Syracuse. All internships were like this at the time, but I thought I would like to do something else besides internal medicine. Just about that time, Admiral [Elmo] Zumwalt[iii] had this really fantastic idea to train women to fly in the Navy.[iv] Someone in the [naval] hierarchy decided that if there were going to be female pilots, there should be female flight surgeons. It was just about the same time that I called the Navy recruiter in Syracuse and said I wanted to be a flight surgeon.



*Then-Lieutenants Victoria Voge (left) and Jane McWilliams (right), the first female flight surgeons in the Navy, receive clinical pointers in ophthalmology from Capt. Fred S. Evans, Medical Corps, U.S. Navy. (Photo from the U.S. Navy Bureau of Medicine and Surgery Archives)*

It's funny, because I called the Air Force first and they put me in touch with the nurse recruiter; they just didn't know what to do with my request. But the first class petty officer who was at the Navy recruiting agency had done his homework and it just fell into place. So, at the end of my internship, I was sworn into the Navy a second time. In the meantime, they recruited another lady[v] to be in that same class [at the Naval Aerospace Medical Institute (NAMI)].

Vickie Voge was a real hard worker, a really nice kid, and the two of us were treated with great respect by our colleagues, many of whom were Berry Planners[vi] who had put off the Doctor Draft. Some were really enthusiastic, and some did not necessarily want to be in the military. I think we were well treated by the staff at NAMI,[vii] as well. We had a great time. It was a lot of fun, challenging and very exciting.

The curriculum included a lot of aviation physiology and a lot of medical information about eye, ear, nose and throat, because when you're taking care of flight crews those are common things that will ground you. We had clinical courses, survival training, ejection seat training—all things that a flight surgeon needs to understand.

The last six weeks was actual flight training where we went through the primary syllabus at Saufley Field[viii] and learned how to fly. If we passed our check ride and were deemed physically qualified to solo, we were allowed to have a solo hop. After the solo, we had two aerobatic hops with our instructor.

The T-34B[ix] was a great airplane. You were up front and your instructor was in the backseat. His position in the backseat was not only to teach you, but also to make sure you didn't kill him. I got to learn a lot more about the aircraft afterwards when I became a flight surgeon and sometimes would investigate T-34 mishaps. Every time you're on one of those investigation boards you learn a lot about how the aircraft works and what can go wrong.

One of the instructors who was most memorable was Frank Dully.[x] He was actually the senior medical officer on a carrier at that time and the instructors for our flight surgeon class would make an effort to get some of the old salts to come and talk to the class so that we could find out what it was really like to be a flight surgeon.

After flight school, everyone was scrambling around trying to get the best orders possible. Some of the guys were married and they wanted to stay around their families; some people wanted to go on a carrier off the coast of Vietnam. I wanted to go on a carrier off the coast of Vietnam; I wanted a fleet squadron, but that wasn't possible, because legally I couldn't serve on a warship.[xi] The CO [commanding officer] of NAMI asked me what else I wanted to do.

I said, "I want to go to Europe." So, the closest they could get me to Europe was Iceland.

Iceland is one of the most fascinating countries in the world and in addition, I got to see a side of the Navy that I would never have gotten to see if I hadn't had that tour. The NATO base had many permanent and rotating U.S. commands, as well as the Iceland Defense Force which included some other NATO countries. I was assigned to the Naval Station whose mission was to support the other commands. Among the Naval Station pilots, were a variety of people and some older aviators who were stick and throttle kind of pilots who had been around the pike a couple of times. One of the pilots had flown CIA airplanes in Vietnam. They were all interesting and professional naval officers. It is worth noting here, that the various missions of all these commands was vital to the defense of the United States during the Cold War.

Someone at Patrol Wing Eleven in JAX [Jacksonville] had decided that since I was going to be taking care of the P-3[xii] squadrons from Jacksonville when they deployed to Iceland for six months, that they better not have a clown being sent there as flight surgeon. It was arranged for me to go to Jacksonville TAD [temporary additional duty] first, so they could see if they wanted me to be sent to Keflavik, even though that's where my final orders were for. I went to JAX for a couple of weeks first. It was the middle of winter



*Then-Lt. McWilliams meets Capt. Joseph Kerwin, the first American physician in space, December 1973. (Photo from the U.S. Navy Bureau of Medicine and Surgery Archives)*

when I was supposed to get a rotator to go to Iceland. Instead of that, I hitched a ride on a P-3 in the Hurricane Hunter squadron that just happened to be making a trip to Iceland. So, in the middle of the night I arrived on the ramp at Naval Station Keflavik Iceland. The operations officer who had the duty that night looked at me and muttered to himself, "What the heck?"

And I said, "I'm the new flight surgeon."

He said, "Oh, that's great because we just had an aircraft crash on the other side of the island and you can be on the accident board." So that was my first task; it was just an education in all sorts of things – aviation safety, how flight crews interact with one another in the cockpit, old airplanes left over from World War II and what the Navy does with them.

I also worked in the dispensary and I was in charge of the aviation medicine/physical exam department, which had two third class petty officers right out of AVT [Aviation Technician] School. Usually there was an Air Force flight surgeon who rotated through to take care of the fighter interceptor squadrons that were attached to the base. He and I would share SAR [Search and Rescue] duty. All the physicians would also have to "stand the duty" in the dispensary. That meant that if someone came to the emergency room after hours, you had to go see them. This included dependents, foreign military passing through, civilians, etc. People right out of their internship really don't know that much, so that was kind of an adventure too. Luckily, the doctors backed one another up. I learned a lot.

As I look back today, I think I was pretty lucky. I wouldn't change anything. I had a great time and loved being in the Navy, especially in Iceland. One of the station pilots and I were married there. In spite of career complications which resulted later, we have many fond memories of being part of a remote, but extremely vital mission.

### Endnotes:

[i] Hardman, Jane McWilliams, Oral History Session, 3 May 2018 (Conducted by A.B. Sobocinski). Oral History Collection, BUMED Archives.

[ii] Hardman graduated from Rensselaer Polytechnic Institute (RPI) with a B.S. in Biology in 1968.

[iii] Zumwalt, Elmo "Bud," ADM, USN (1920-2000), Chief of Naval Operations, 1970-1974.

[iv] Zumwalt issued Z(umwalt)-Gram 116 on 7 August 1972 on Equal Rights and Opportunities for Women in the Navy leading the way openings in a host of naval billets for women. Secretary of the Navy John Warner would soon after announce that women were allowed to enter aviation training in a test program. In March 1973, the first four female naval officers were selected to go through the aviation training.

[v] Voge, Victoria, CDR, MC, USN. Voge served in the Navy from 1971 to 1991. She entered flight medicine program along with Hardman (McWilliams) in 1973.

[vi] A program established during the doctor draft of the Vietnam War that deferred physicians from active duty who were drafted while in residency training programs, and established three options to meet their military responsibility. Officially the Armed Forces Physicians Appointment and Residency Appointment Program, it was popularly called the Berry Plan, for Frank B. Berry, M.D., BG, MC, USA, who served in the Army during World Wars I and II, and served as the first Assistant Secretary of Defense for Health Affairs. Dr. Berry began developing the plan in 1954 as soon as he was appointed the ASD, and the plan continued until 1964. See F.B. Berry, "The Story of the Berry Plan", *Bulletin of the New York Academy of Medicine*, Mar-Apr 1976, pp. 278-282.

[vii] NAMI (Naval Aerospace Medical Institute), Pensacola, FL, formerly the Naval School of Aviation Medicine.

[viii] Saufley Field is a military airport and training facility located outside of Pensacola, FL. It is named for LT (j.g.) Richard C. Saufley, USN Aviator #14, who died in 1916 while attempting to set a flight endurance record.

[ix] Beechcraft T-34 Mentor. An American propeller-driven, single-engine, military trainer aircraft in operation from 1953-1990.

[x] Dully, Frank, CAPT, MC, USN, flight surgeon and educator known for series of human factors lectures entitled, "Sex and the Naval Aviator."

[xi] In November 1993, Congress repealed section 6015, Title USC which forbade women from serving aboard combatant ships. Prior to ruling, women serving in medical professions were limited to serving on either hospital ships, transports or auxiliaries.

[xii] Lockheed P-3 Orion. A four-engine turboprop anti-submarine and maritime surveillance aircraft developed for the United States Navy. Aircraft was in production from 1961-1990.